

Business Client Registration Form

Business Name	
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ABN		TFN	
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Entity Type (Please tick) ☐ **Company** ☐ **Trust** ☐ **Superfund** ☐ **Partnership**

Directors /Beneficiaries

Title	
Surname	
First Name	
Other Name(S)	
Position	
Gender	
Date Of Birth	

Contact Details

Street			
Suburb/City			
State		Post Code	
Telephone (Home)		Mobile	
Email			

Is the client's address the same as their home address? Yes / No

Street			
Suburb/City			
State		Post Code	

Does the client have an accountant? Yes / No (if yes, please provide accountant details)

Previous Accountant Details

Firm /Accountant Name			
Phone Number		Email	

- ☐ I consent to SBA Australia contacting my previous accountant to request my accounting/tax Documents
- ☐ I wish to appoint SBA Australia to be my accountants and tax agents for the individuals and entities specified in the client registration form including IAS / BAS Lodgements & Tax Returns, and to provide information to my local office, SBA Parramatta

Client's Signature		Date	
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Agent's Signature		Date	
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